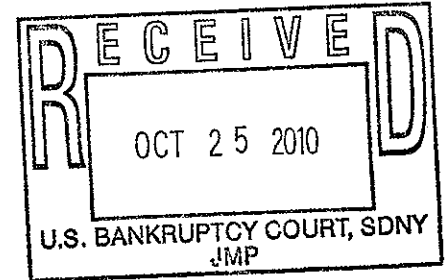
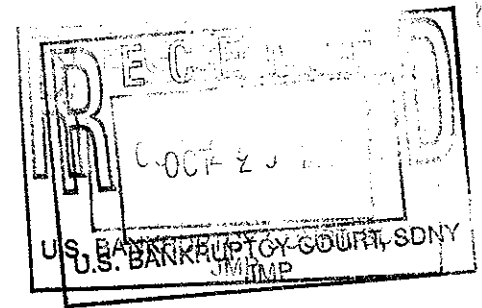


LEONARD E. NAREL
33391 DOSINIA DR.
MONARCH BEACH, CA 92629
949.240.0565



October 21, 2010

✓ (1) The Honorable James M. Peck
Courtroom 601
One Bowling Green
New York, NY 10004

(2) Weil, Gotshal & Manges LLP
767 Fifth Avenue
New York, NY 10153
Attn: Shai Waisman, Esq.

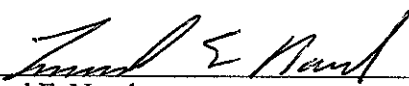
(3) Office of the United States Trustee for the Southern District of New York
33 Whitehall Street
21st Floor
New York, NY 10004
Attn: Andy Velez-Rivera, Esq. Paul Schwartzberg, Esq., Brian Masumoto, Esq., Linda Riffkin, Esq, Tracy Hope Davis, Esq.

(4) Milbank, Tweed, Hadley & McCloy LLP
1 Chase Manhattan Plaza
New York, NY 10005
Attn: Dennis F. Dunne, Esq., Dennis O'Donnell, Esq., Evan Fleck, Esq.

Re:

- | | |
|--|--|
| (i) <u>Bankruptcy Court:</u>
<u>Debtors:</u>
<u>Case No.:</u>
<u>Title of Objection:</u> | United States Bankruptcy Court Southern District of New York
Lehman Brothers Holdings Inc., et. al
Chapter 11 08-13555 (JMP) (Jointly Administered)
Fifty-Fourth Omnibus Objection to Claims |
| (ii) <u>Claimant:</u>
<u>Claim Number (to be disallowed):</u>
<u>Claim Number (surviving claim):</u>
<u>Description of Claim:</u> | John Narel Trust
22926
10082
Lehman Brothers Holdings - Lehman Notes Ser D
Callable Semi-Annual Pay - CPN 6.500% Due 10/18/27
CUSIP 52519FEW7 - Acquired 10/11/07
Amount \$100,000
Death Put Option exercise – administrative claim, preference period and
priority position |
| (iii) <u>Statement for disallowance:</u> | There was a death put option in conjunction with the above bond and
should have been exercised by Lehman Brothers, and is a super priority,
and/or an Administrative claim status and/or preference over general
unsecured creditors. |

- (iv) **Documents enclosed:**
- (a) acknowledgement of receipt of proof of claim – Epiq Systems - 11/20//2009
 - (b) proof of claim form
 - (c) statement reflecting Lehman Bros. Bond purchase/holdings
 - (d) death certificate of bond holder
- (v) **Address:** Same as in Proof of Claim and Notice of Claim.
- (vi) **Contact:**
- Leonard E. Narel
33391 Dosinia Dr.
Monarch Beach, CA 92629
949.240.0565


By: Leonard E. Narel

P 646 282 2500 F 646 282 2501
757 THIRD AVENUE, NEW YORK, NY 10017
WWW.EPIQSYSTEMS.COM



**** LBH CLMLTR (MERGE2, TXNUM2) 4000069351 ****

JOHN W. NAREL TRUST
(LEONARD E. NAREL, NANCY NAREL AND LINDA NAREL
BENEFICIARIES)
C/O LEONARD E. NAREL
33391 DOSINIA DRIVE
MONARCH BEACH, CA 92629

November 20, 2009

ACKNOWLEDGEMENT OF RECEIPT OF PROOF OF CLAIM

This letter serves as acknowledgement that the claim identified below has been recorded by Epiq Bankruptcy Solutions, LLC, the court-approved claims agent, on the claims register in the LEHMAN BROTHERS HOLDINGS INC. case. It is also publically available at the following website address: <http://chapter11.epiqsystems.com/LBH>. To ensure that your claim has been recorded correctly, please review the following information:

Debtor:	NO DEBTOR ASSERTED BY CREDITOR
Case Number:	NO CASEZ99
Creditor:	JOHN W. NAREL TRUST
Date Received:	09/21/2009
Claim Number:	22926

Please note that nothing in this Acknowledgement should be construed to mean or imply that your claim is being allowed. The Debtor may elect to object to the identified claim on various grounds.

We strongly encourage you to review your submitted proof of claim on our website at the address listed above. To find your imaged claim, click on the "Filed Claims & Schedules" link at the top of the page, type in your claim number in the "Claim #" field, and click "Search."


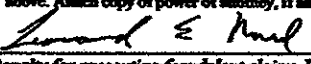
WHEN REVIEWING YOUR CLAIM, PLEASE BE AWARE OF ANY PERSONALLY IDENTIFIABLE INFORMATION ("PII") SUBMITTED BY YOU. PII can include information used to distinguish or trace an individual's identity, such as their social security number, biometric records, drivers license number, account number, credit or debit card number (including any passwords, access codes or PIN numbers), etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

The Proof of Claim Form allows for redacted documents. If you identify any PII in your filed claim, please contact us immediately at (646) 282-2400 or via our contact form on our website at <http://www.epiq11.com/contact.aspx> so we may assist you in redacting this information. Please be sure to specify the client/debtor about which you are inquiring.

You may also contact by either of the methods listed above should you have any other questions.

EPIQ BANKRUPTCY SOLUTIONS, LLC

202-551-6551

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		PROOF OF CLAIM	
In Re: Lehman Brothers Holdings Inc., et al. Debtors	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al 08-13555 (JMP) 0000022928	
Name of Debtor Against Which Claim is Held see attached information	Case No. of Debtor		
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense must be filed pursuant to 11 U.S.C. § 503(c)(2). Additionally, this form should not be used to make a claim for Lehman Programs Securities Service fees on any asset.</small>		THIS SPACE IS FOR COURT USE ONLY	
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) John W. Narel Trust (Leonard E. Narel, Nancy Narel, and Linda Narel beneficiaries) % Leonard E. Narel 33391 Doshia Drive Monarch Beach, CA 92629		<input type="checkbox"/> Check this box to indicate that this claim asserts a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	<div style="border: 2px solid black; padding: 5px; text-align: center;">FILED / RECEIVED SEP 21 2009 EPIQ BANKRUPTCY SOLUTIONS, LLC</div>
Telephone number: 949-240-0565 Email Address: ajnarel@aol.com	Name and address where payment should be sent (if different from above)	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Telephone number: _____ Email Address: _____			
1. Amount of Claim as of Date Case Filed: \$ 100,000.00 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if all or part of your claim is based on a Derivative Contract.* <input type="checkbox"/> Check this box if all or part of your claim is based on a Guarantee.* *IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO http://www.lehman-claims.com AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on http://www.lehman-claims.com if claim is based on a Derivative Contract or Guarantee.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(e). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). Amount entitled to priority: \$ _____	
2. Basis for Claim: bond purchase 10/11/1997 - death put option - exercised prior to Lehman bankruptcy (See instruction #2 on reverse side.)			
3. Last four digits of any number by which creditor identifies debtor: FEW7 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)			
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____			
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ 100,000.00 (See instruction #6 on reverse side.)			
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary. DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____			
Date: 9/18/2009	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. 		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form

Name of Debtor, and Case Number:

YOU MUST INDICATE THE SPECIFIC DEBTOR AGAINST WHICH YOUR CLAIM IS ASSERTED, INCLUDING THE NAME OF THE DEBTOR AND THE RELATED CASE NUMBER (DEBTORS AND CASE NUMBERS LISTED BELOW), IN THE SPACE ALLOTTED AT THE TOP OF THE CLAIM FORM.

08-13555	Lehman Brothers Holdings Inc.	08-13905	CES Aviation LLC
08-13600	LB 745 LLC	08-13906	CES Aviation V LLC
08-13885	Lehman Brothers Commodity Services Inc.	08-13907	CES Aviation IX LLC
08-13888	Lehman Brothers Special Financing Inc.	08-13908	East Dover Limited
08-13893	Lehman Brothers OTC Derivatives Inc.	09-10108	Luxembourg Residential Properties Loan Finance S.a.r.l.
08-13899	Lehman Brothers Derivative Products Inc.	09-10137	BNC Mortgage LLC
08-13900	Lehman Commercial Paper Inc.	09-10558	Structured Asset Securities Corporation
08-13901	Lehman Brothers Commercial Corporation	09-10560	LB Rose Ranch LLC
08-13902	Lehman Brothers Financial Products Inc.	09-12516	LB 2080 Kalakama Owners LLC
08-13904	Lehman Scottish Finance L.P.	08-13664	PAMI Statler Arms LLC

If your Claim is against multiple Debtors, complete a separate form for each Debtor.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9)

State the value of any goods received by the debtor within 20 days before the date of commencement in which the goods have been sold to the debtor in the ordinary course of the debtor's business.

7. Creditor:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

8. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

Lehman Brothers Holdings Claims Processing
c/o Epix Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured Claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

Derivative Contract

A contract that is any of (i) a "swap agreement" as such term is defined in section 101(53B) of the Bankruptcy Code or (ii) a "forward contract" as such term is defined in section 101(25) of the Bankruptcy Code. A cash-market purchase or sale of a security or loan (i.e. any purchase or sale of a security or loan for settlement within the standard settlement cycle for the relevant market), exchange-traded future or option, securities loan transaction, repurchase agreement in respect of securities or loans, and any guarantee or reimbursement obligations which would otherwise be included in the definition of such terms in the Bankruptcy Code shall not be considered a Derivative Contract for the purposes of this definition nor shall any notes, bonds, or other securities issued by the Debtors or their affiliates (including, but not limited to, Lehman Brothers Holdings Inc., Lehman Brothers Treasury Co. B.V., Lehman Brothers Bankhaus AG, Lehman Brothers Holdings plc, Lehman Brothers Securities N.V., and Lehman Brothers (Luxembourg) Equity Finance S.A.).

Guarantee

A promise, representation or agreement to answer for the payment of some debt or the performance of some duty in case of the failure of another person or entity who is liable in the first instance.

Lehman Programs Securities

Lehman Programs Securities means those securities included on the Lehman Programs Securities list available on <http://www.lehman-docket.com> as of July 27, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

(iv)c

2.032

Page 4 of 5

JOHN W. NAREL TRUST
NANCY NAREL SUCE-TEE
U/A DTD 08/06/2007

FEBRUARY 1 - FEBRUARY 28, 2009
ACCOUNT NUMBER: 8069-5660

Portfolio detail

Fixed Income Securities

Corporate and municipal bonds and other fixed income securities are priced by a computerized pricing service or, for less actively traded issues, by utilizing a yield-based matrix system to arrive at an estimated market value.

Corporate Bonds

DESCRIPTION	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ESTIMATED		
							ACCRUED INTEREST	ANNUAL INCOME	ANNUAL YIELD (%)
LEHMAN BROTHERS HOLDINGS LEHMAN NOTES: SER D CALLABLE SEMI-ANNUAL PAY CPN 6.500% DUE 10/18/27 DTD 10/18/07 FC 04/18/08 CALL 10/18/11 @ 100.000 Moody B3, S&P NR CUSIP 52519FEW7 Acquired 10/11/07	100,000	100.00	100,000.00	10.8050	10,805.00	- 89,195.00	N/A	N/A	N/A
Total Corporate Bonds	100,000		\$100,000.00		\$10,805.00	- \$89,195.00			
Total Fixed Income Securities			\$100,000.00		\$10,805.00	- \$89,195.00			



**WAYNE
HUMMER**
INVESTMENTS LLC



070216 GKMD14
JOHN W. NAREL TRUST
NANCY NAREL SUCE-TTEE
U/A DTD 08/06/2007
6411 LONDONDERRY DRIVE
CARY IL 60013-1252

SNAPSHOT

Current period ending February 28, 2009

ACCOUNT NAME:

JOHN W. NAREL TRUST
NANCY NAREL SUCE-TTEE
U/A DTD 08/06/2007

ACCOUNT NUMBER:

8069-6680

Your Financial Advisor
TODD BESSEY
Phone: 866-696-2159

4049 W ALGONQUIN RD
ALGONQUIN, IL 60102

If you have more than one account with us, why not link them and receive summary information for your entire household? Contact Your Financial Advisor for more details.

Message from Our Firm

IN 1992, THE WAYNE HUMMER MARKET LETTER WAS CREATED. IT IS WITH GREAT PRIDE THAT WE ENCLOSE THE SPRING 2009 ISSUE. ARTICLES THIS MONTH INCLUDE: THE CHAIRMAN'S ANNUAL LETTER, SEIZING OPPORTUNITIES, RELIEF FOR IRAS IN 2009?, AND MUCH MORE.

Investment products are not insured by the FDIC or any federal government agency * Not a bank deposit * No bank guarantee * May lose value
Accounts carried by First Clearing, LLC, member NYSE/SIPC.

Lehm9

STATE OF ILLINOIS CERTIFICATE OF DEATH			
REGISTRATION DISTRICT NO. 56.0C		STATE FILE NUMBER	
LOCAL FILE NUMBER 8555			
1. DECEASED'S LEGAL NAME (Please include suffix if not, Middle, Last) JOHN W. NAREL		2. SEX Male	3. DATE OF BIRTH (Month/Day/Year) March 4, 2006
4. COUNTY OF DEATH McHenry	5a. AGE AT LAST BIRTHDAY (Years) 85	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes
6. CITY OR TOWN McHenry	7. PLACE OF BIRTH (Month/Day/Year) July 8, 1922		
8. DEATH OCCURRED IN A RESIDENCE <input type="checkbox"/> Private <input type="checkbox"/> Emergency Room <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead on Arrival			
9. PLACE OF DEATH (Check only one subcategory) <input type="checkbox"/> Private home <input type="checkbox"/> Nursing home <input type="checkbox"/> Long-term care facility <input type="checkbox"/> Outpatient clinic <input type="checkbox"/> Other (Specify)			
10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married	11. SURVIVING SPOUSE'S NAME (Print, check full name prior to last marriage)		
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13a. RESIDENCE (Street and City) 8411 Lombardy Dr. Cary	13b. ZIP CODE 60013	14. FATHER'S NAME (Last, First, Middle) Walter M. Narel	15. MOTHER'S NAME (Last, First, Middle) Mary Anselma
16. DECEASED'S NAME Leonard Narel	17. RELATIONSHIP Brother	18. DECEASED'S ADDRESS (Street and City, State, ZIP Code) 8411 Lombardy Dr., Cary, Illinois 60013	
19. DATE OF DEATH March 2, 2008	20. PLACE OF DEATH (Place of residence, nursing home, etc.) Resurrection Cemetery	21. DATE OF DEPOSITION (Month/Day/Year) March 2, 2008	22. DATE OF DEPOSITION (Month/Day/Year) March 2, 2008
23a. FUNERAL HOME Kable-Moore Funeral Home	23b. STREET AND NUMBER 505 Silver Lake Rd	23c. CITY OR TOWN Cary	23d. STATE Illinois
23e. ZIP CODE 60013	24. LOCAL REGISTRAR'S SIGNATURE PATRICK MCULTY <i>Patrick M. Mculty</i>		
25. SUB REG		26. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) MARCH 7, 2008	
27. CAUSE OF DEATH (See instructions and examples) 28. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a chronic related disease, Parkinson's Disease, or Parkinson's Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. Dementia 29. IMMEDIATE CAUSE (Final disease or condition resulting in death) 30. SEVERELY INJURED, FATAL, RESULTING IN THE CAUSE LISTED IN 28a? 31. ENTER THE UNDERLYING CAUSE 32. PLEASE PRINT NAME AND ADDRESS OF THE PHYSICIAN WHO MADE THE FINAL DIAGNOSIS			
APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH many years			

(Based on the 2003 U.S. Standard Certificate)
 Ill. Department of Public Health - Division of Vital Records

VI1200 (Rev. 1/00)

1. believed cerebrovascular disease

27. DID DECEASED AGE:
☐ Inf ☐ Juvenile ☐ Adult ☐ Elderly

28. IF FEMALE:
☐ Pregnant or postpartum (specify date) ☐ Pregnant or postpartum (specify date) ☐ Pregnant or postpartum (specify date)

29. PLACE OF DEATH (e.g., Hospital, Home, Nursing Home, etc.) ☐ Hospital ☐ Home ☐ Nursing Home ☐ Other (Specify)

30. DATE OF DEATH (Month/Day/Year) ☐ AM ☐ PM

31. TIME OF DEATH (Month/Day/Year) ☐ AM ☐ PM

32. PLACE OF DEATH (e.g., Hospital, Home, Nursing Home, etc.) ☐ Hospital ☐ Home ☐ Nursing Home ☐ Other (Specify)

33. IF TRANSPORTATION VEHICLE, SPECIFY:
☐ Driver ☐ Passenger ☐ Other (Specify)

34. PHYSICIAN'S LICENSE NUMBER: 036-076211

35. DECEASED'S USUAL EMPLOYER (Indicate type of work done during most of working life. DO NOT USE RETIRED):
Machine Operator

36. DECEASED'S USUAL EMPLOYER (Indicate type of work done during most of working life. DO NOT USE RETIRED):
Coffee Company

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the person named in Item #1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, still-births, and deaths.

DATE: MAR 07 2008 SIGNED: Kathleen M. Hengge

AT: McHenry, Illinois

OFFICIAL TITLE: Sub-Registrar